

08/25/2006 15:09 FAX

CIRCLE S IRRIGATION

006/010

Panola

REVISED

JOB # 216

County: Panola
 Permit #: 6W 41040
 Driller: Pete Well Drilling
 Date drilling completed: 7-14-06

Well Driller Report and Well Log

Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: J25
 Well #: ~~477~~
 L. S. Elevation: _____
 B-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well

Well Owner Information	Well Location
Owner Name: <u>Cory Connor</u>	Latitude: _____ Longitude: _____
Mailing Address: <u>237 Pope Road</u> <u>Enid MS 38927</u>	Method of Lat/Long (circle one): <input type="radio"/> Conventional Survey, <input type="radio"/> USGS quad, <input type="radio"/> Hand-held GPS, <input type="radio"/> Survey-grade GPS
City: _____ State: _____ Zip Code: _____	<u>SW 1/4 SW 1/4 Sec 2 Q Twn 27N Rng 7E</u>
Telephone No. (662) <u>627-7246</u> <u>578-5989</u>	Distance _____ Direction _____ Nearest Town _____ <u>2 Miles SW of Southland MS</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____

Date well drilling started: 5-2-06 Date well drilling completed: 5-2-06

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 11 feet above or below (circle one) land surface Date measured: 5-2-06

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 100 Well depth: 94 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: PVC feet Casing diameter: 12 inches Type of casing: PVC

Screen length: 40 feet Screen diameter: 12 inches Type of screen: PVC

Screen slot size: 650 inches Setting depth: From 54 feet to 94 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Pete Well Drilling Print Name of Water Well Contractor and License No. 0432

Pete Well Drilling Signature of Water Well Contractor

If well telescopes please sketch below and show depths.

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CIRCLE S IRRIGATION

007/010

6W41047

Job #216

U-27 J75

If well telescopes please sketch below and show depths.

Ground Level



Description of Formations Encountered	From	To
CLAY	0	23
COARSE SAND & GRAVEL	23	40
GRAVEL	40	100

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicates direction.

Landowner Name: _____

[Handwritten Signature]

Signature of Water Well Contractor

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CIRCLE S IRRIGATION

005/010

REVISED

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County:
Permit #: GW 41047
Driller:
Date completed:
Copy information from block on Part 1

For Office Use Only:
Aquifer: J-25
Well #: U-27
Elevation:

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information: Owner Name: Gary Cannon, Mailing Address: 234 POPE - CROWDER RD, ENID MS 38927, Telephone No. (42) 578-5989
Well Location: Latitude: Longitude: Method of Lat/Long (check one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS, SW 1/4 SW 1/4 Sec 20 T.27N R. 2E, Distance Direction Nearest Town: 8 Miles SW of Courland - PANOLA COUNTY

Pump Type: Air Lift, Bucket, Centrifugal, Other (specify):
Power Type: Diesel Engine, Electric Motor, Windmill, Horse Power Rating of Motor: 40, Setting Depth: 160 feet, Number of Stages: 2

Pump Test Data: Date Well Tested: Static Water Level (A): 11 Feet Below Land Surface, Pumping Water Level (B):, Drawdown [(B) - (A)]:, Test Pumping Rate:, Duration of Pump Test (minimum 4 hours):
Method of Measuring Water Level: Air Line, Electric Measuring Line, Steel Tape

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
DAVID P. HOLT 0-252P
Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

Form: OLWR-SWR-1B

Job B 216 SELC